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FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL 3235-0076 OMB Number: Expires: April 30, 2008 Estimated average burden hours per response 1.00

SEC USE ONLY



| Name of Offering (check if this is an amendment and name has changed, and indicate che Bennett Lawrence Emerging Growth Fund, L.P.: Limited partnership interests | ange.) | | |
|---|--|--|--|
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 X Rule | 506 Section 4(6) X ULOE | | |
| Type of Filing: New Filing X Amendment | | | |
| A. BASIC IDENTIFICATION DATA | | | |
| Enter the information requested about the issuer | | | |
| Name of Issuer (check if this is an amendment and name has changed, and indicate character Lawrence Emerging Growth Fund, L.P. | ange.) | | |
| Address of Executive Offices (Number and Street, City, State, Zip Code) 757 Third Avenue, 19th Floor, New York, New York 10017 | Telephone Number (Including Area Code) (212) 508-6400 | | |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) | Telephone Number (Including Area Code) | | |
| Brief Description of Business To operate as a private investment partnership. | | | |
| business trust limited partnership, to be formed Month Year Date of Incorporation or Organization: 0801 XActual | (please specify): PROCESSED JAN 2 0 2006 THOMSON ation for State; CN for CAMBIAN for other | | |
| Jurisdiction of Incorporation or Organization: (Enter two-letter US Postal Service abbrevi foreign jurisdiction) | ation for State; CN for Cahada/HN for other | | |

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.



| | | A. BASIC IDENTIFI | CATION DATA | | <u>De litaliale est l'estitue l</u> |
|--|----------------------|---------------------------------------|------------------------------|-------------------|--------------------------------------|
| 2. Enter the information requ | ested for the foll | owing: | | | |
| • Each promoter of the issue | er, if the issuer ha | as been organized within | the past five years; | | |
| Each beneficial owner securities of the issuer; | | er to vote or dispose, or | direct the vote or disposi | tion of, 10% or r | more of a class of equity |
| Each executive officer | and director of c | orporate issuers and of co | orporate general and man | aging partners of | partnership issuers; and |
| Each general and mana | aging partner of p | partnership issuers. | | | _ |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | x General and/or Managing Partner |
| Full Name (Last name first, it Schreiber Associates, LLC | f individual) | · · · · · · · · · · · · · · · · · · · | | | |
| Business or Residence Addre 757 Third Avenue, 19th Floo | | | ode) | | |
| Check Box(es) that Apply: | Promoter | x Beneficial Owner | x Executive Officer | x Director | General and/or Managing Partner |
| Full Name (Last name first, it Schreiber, Suydam Van Zand | | | | | |
| Business or Residence Addre 757 Third Avenue, 19th Floo | ` | | ode) | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, it | f individual) | | | | |
| Business or Residence Addre | ss (Number and | Street, City, State, Zip C | ode) | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, it | f individual) | | | | |
| Business or Residence Addre | ss (Number and | Street, City, State, Zip C | ode) | | |
| | (Use blank sheet | or conv and use addition | nal copies of this sheet, as | necessary) | |
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|------------------------------|---|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|---|
| l . | | | es the issue lumn 2, if | | | n-accredite | d investors | in this offe | ering? | Yes | x No | |
| ł | 2. What is the minimum investment that will be accepted from any individual? \$\frac{1,000,000*}{2,000,000*}\$ *General Partner reserves the right to accept smaller amounts. | | | | | | | | | | | |
| 3. Does | 3. Does the offering permit joint ownership of a single unit? X Yes No | | | | | | | | | | | |
| or sin | 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. | | | | | | | | | | | |
| Full Nar | ne (Last na | me first, if | f individual | l) | - | | | | | | | |
| Business | or Reside | nce Addre | ss (Numbe | r and Stree | t, City, Sta | ite, Zip Co | de) | | | | | ! |
| Name of | Associate | d Broker o | or Dealer | | | | | | - | | | , <u>, , , , , , , , , , , , , , , , , , </u> |
| States in | Which Pe | rson Liste | d Has Solic | cited or Inte | ends to Sol | icit Purcha | isers | | , « | · <u>.</u> | | |
| (Check | "All State | s" or checl | k individua | l States) | All | States | | | | | | Jan. 1. |
| [AL] [IL] [MT] [RI] | [AK] [IN] [NE] [SC] | [AZ] [IA] [NV] [SD] | [AR] [KS] [NH] [TN] | [CA] [KY] [NJ] [TX] | [CO] [LA] [NM] [UT] | [CT] [ME] [NY] [VT] | [DE] [MD] [NC] [VA] | [DC] [MA] [ND] [WA] | [FL] [MI] [OH] [WV] | [GA] [MN] [OK] [WI] | [HI] [MS] [OR] [WY] | [ID] [MO] [PA] [PR] |
| Full Nar | Full Name (Last name first, if individual) | | | | | | | | | | | |
| Busines | Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | | | | |
| Name of | Associate | d Broker o | or Dealer | | | | | | - | | | |
| States in | Which Pe | rson Liste | d Has Solid | cited or Int | ends to Sol | licit Purcha | isers | | | | | |
| (Check | 'All States' | or check | individual | States) | ∏ A | All States | | | | | | |
| [AL] [IL] [MT] [RI] | [AK] [IN] [NE] [SC] | [AZ] [IA] [NV] [SD] | [AR] [KS] [NH] [TN] | [CA] [KY] [NJ] [TX] | [CO] [LA] [NM] [UT] | [CT] [ME] [NY] [VT] | [DE] [MD] [NC] [VA] | [DC] [MA] [ND] [WA] | [FL] [MI] [OH] [WV] | [GA] [MN] [OK] [WI] | [HI] [MS] [OR] [WY] | [ID] [MO] [PA] [PR] |
| | (Use blank sheet, or copy and use additional copies of this sheet, as necessary.) | | | | | | | | | | | |
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| | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, | | |
|---|--|------------------------|--|
| | check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | |
| | Type of Security | Aggregate Offering | Amount Already Sold |
| | | Price | 200 |
| | Debt | \$ 0 | \$ 0 |
| | Equity Common Preferred | \$ 0 | \$ 0 |
| | Convertible Securities (including warrants) | \$ 0 | \$ 0 |
| | Partnership Interests (limited partnership interests) | \$150,000,000 | \$ 27,410,994.86 |
| | Other (Specify) | \$ 0 | \$ 0 |
| | Total | \$150,000,000 | \$ 27,410,994.86 |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | |
| | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | | |
| | | Number of Investors | Aggregate Dollar Amount Of Purchases |
| | Accredited Investors | 2 | \$ 300,000.00 |
| | Non-accredited Investors | 0 | \$ 0 |
| | Total (for filings under Rule 504 only) | 0 | \$ 0 |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | |
| • | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. | | |
| | Type of offering | Type of Security | Dollar Amount Sold |
| | Rule 505 | Security | \$ |
| | Regulation A | | \$ |
| | Rule 504 Total | | \$ |
| • | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees | | <u>\$</u> |
| | Printing and Engraving Costs | | x \$ 500 |
| | Legal Fees | | x \$1,000 |
| | Accounting Fees | | x \$5,000 |
| | Engineering Fees | | □\$ 0 |
| | Sales Commissions (specify finders' fees separately) | | □\$ 0 □\$ 0 |
| | Other Expenses (identify) Blue Sky Fees | | x \$1,500 |
| | Total | | x \$8,000 |
| | | | A \$0,000 |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

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| C. OFFERING PRICE, NUM | BER OF INVESTORS, EXPENSES AND USE | OF PROCEED | 5 |
|--|--|--|-----------------------|
| b. Enter the difference between the aggregate of 1 and total expenses furnished in response to Par gross proceeds to the issuer." | fering price given in response to Part C - Question t C - Question 4.a. This difference is the "adjusted | | \$ <u>149,992,000</u> |
| 5. Indicate below the amount of the adjusted gross for each of the purposes shown. If the amount for and check the box to the left of the estimate. adjusted gross proceeds to the issuer set forth in | or any purpose is not known, furnish an estimate The total of the payments listed must equal the | | |
| | | Payments to Officers, Directors, & Affiliates | Payments To Others |
| Salaries and fees | | <u>\$</u> 0 | <u></u> \$ 0 |
| Purchase of real estate | | <u> \$ </u> | <u></u> \$ 0 |
| Purchase, rental or leasing and installation of mach | inery and equipment | \$ 0 | <u></u> \$ 0 |
| Construction or leasing of plant buildings and facil | | <u> </u> | <u></u> \$ 0 |
| Acquisition of other businesses (including the value may be used in exchange for the assets or securities | of securities involved in this offering that of another issuer pursuant to a merger) | _ \$ 0 | □ \$ 0 |
| Repayment of indebtedness | | <u></u> \$ 0 | <u></u> \$ 0 |
| Working capital | | S 0 | □\$ 0 |
| Other (specify) Portfolio Acquisitions | | \$ 0 | x \$149,992,00 |
| Columns Totals | | □\$ 0 | x \$149,992,00 |
| Total Payments Listed (column totals added) | | x \$ <u>14</u> | 9,992,000 |
| | D. FEDERAL SIGNATURE | | |
| The issuer has duly caused this notice to be signed the following signature constitutes an undertaking written request of its staff, the information furnishe 502. | by the issuer to furnish to the U.S. Securities and | Exchange Commi | ission, upon |
| Issuer (Print or Type) Bennett Lawrence Emerging Growth Fund, L.P. | Signature Van Schreiber | Date / | 2/06 |
| Name of Signer (Print or Type) Schreiber Associates, LLC, General Partner By: Suydam Van Zandt Schreiber | Title of Signer (Print or Type) Managing Member, Schreiber Associates, LLC | , | |
| | ATTENTION | | |
| Intentional misstatements or omission | ns of fact constitute federal criminal violations. | (See 18 U.S.C. 1 | 1001.) |
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